



Privacy Release Form
US Representative Ralph Norman
South Carolina – 5th District

Dear Congressman Norman:

I request your assistance with:

Expedited Passport Service

Name of Agency or Office

I understand that this form is being used in compliance with the Privacy Act of 1974.

Please print to complete information and then sign and date below

First Name _____ Middle _____ Last _____

Signature: _____ Today's Date: ____/____/____

Date of Departure: ____/____/____

Address: _____

City _____ State _____ ZIP _____

Daytime Phone _____ Fax Number (if available) _____

Email (if available) _____

Social Security Number _____ Date of Birth _____

Explain the nature of the problem and what you want this office to help with (You may continue on the back.)

Have you contacted a member of the **US Senate** about this situation? Yes _____ No _____

If yes, please identify that Senator: _____

*Please return the form and **all supporting documents** to Congressman Ralph Norman at the South Carolina District Office located at **454 S. Anderson Road, Suite 302B, Rock Hill, SC 29730** Phone 803-327-1114 Fax 803-327-4330*